

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000068050

1. Entity Name
KERUSSO TRAINING COMPANY OF FLORIDA, LLC



Principal Place of Business
7814 SHADOW RUN DRIVE
LARGO, FL 33773 US

Mailing Address
7814 SHADOW RUN DRIVE
LARGO, FL 33773 US

2. Principal Place of Business - No P.O. Box #
5663 Park Blvd Ste 5
Suite, Apt. #, etc.

3. Mailing Address
5663 Park Blvd Ste 5
Suite, Apt. #, etc.

City & State
Pinellas Park FL
Zip 33781 Country USA

City & State
Pinellas Park FL
Zip 33781 Country USA

02162008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-3145185
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LONARDO, JOHN
7814 SHADOW RUN DRIVE
LARGO, FL 33773

7. Name and Address of New Registered Agent

Name John Louardo
Street Address (P.O. Box Number is Not Acceptable)
7070 Key Haven Road # 303
City Seminole FL Zip Code 33777

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

4/15/2008

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LONARDO, JOHN ☐ Delete
STREET ADDRESS 7814 SHADOW RUN DRIVE
CITY-ST-ZIP LARGO, FL 33773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7070 Key Haven Road #303
CITY-ST-ZIP Seminole FL 33777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/2008

Date

Daytime Phone #

FILED

08 JUL 23 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

07-08